_																
		No.			Departi	ment c	f Pub	lic He	alth	and	Social S al Health	ervices	AC 40 1		-	
					Food F							Poport	Day	no.	1 = ~	
							rent Inspection Report Page / of 5									
A			3 , 2	018	EST	MENKUI										
				OUT	PER	MIT H	OLD	ER			_		- 10			
				5PM	1	BUDDY CORPORATION										
-	stigation	V	-		SANITARY P			LOC	ATION	I (Ac	ddress)					-
Othe		$\vdash$	-	1 0	17000			1-0-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4 (1 10	# 144	FUJITA ROMO,	TUM	Ma		
	the same of the same of	ABLIS	SHME	NT TYPE	AREA	-	PHONE	No	of Risk	Fac				_	K CAT	EGORY
							No. of Risk Factor/Intervention Violations No. of Repeat Risk Factor/Intervention Violations					1	1 KIS	3	EGURT	
-			FO	DROBNE								HEALTH INTERVE	NTIC.	NIO.		
-			FU									TEALITIMIERVE appropriate box for COS and/o		פאי		
IN	= in cor	nolian	e OU	T = Not in complia	nce N/O = Not observ	red N/A	iw∧)ior ≃Notani	escn nu dicable	COS =	i item : Con	rected on site	during inspection R = Repeat v	f K. riolation	DTC -	- Dames	d nalete
Con	nplian	e St	itus		100 100 110100001						ance Statu		riolation			R IPTS
530				Sup	rvision	- 25	STATE OF	21 3	100			tentially Hazardous Food	(TCS F			
1	IN OL	IT .		7.000	present, demonstrates			6	16	i IN	OUT N/A	Proper cooking time and temp	eratures			6
_	۲_			knowledge, and p								Proper reheating procedures		ding		6
2	(IN) OL	IT	_		reness, policy present		-	T 6	18	IN	OUT N/A (N/	Proper cooling time and temp Proper hot holding temperature	eratures			6
3	(IN ) OL	***	_		orting, restriction & exc		-	6	20		OUT NA	Proper cold holding temperature			4	6
	_				onic Practices			1				O Proper date marking and disp		-	-	(6)
4	( ot	IT N/	N/O		ting, drinking, beteinut,	, or		6								109
	5			tobacco use				_				Consumer Adviso	гу			
5	(IN) OL	IT N/		The second name of the second	eyes, nose, and mout			6				Consumer Advisory provided	for raw or		12	
B	IN OL	IT N/		Hands clean and	amination by Hand	18	_	6	22	IIN	OUT (WA)	undercooked foods		10%	-	6
					tact with ready-to-eat for	oods or	_	$\overline{}$	1000	1		Highly Susceptible Popu	Iletione			
7	IN Q	N/	N/O		method property follo			(6)	-	T		Pasteurized foods used, prohi		s not I		1
8	IN QU	m			shing facilities supplied		A T	6	23	IN	OUT (VA)	offered	(5.00E)		-	6
	16			accessible			$\simeq$	l °			100	Chemical				
-	N) OU				ed Source			10	24	IN	OUT (NA)	Food additives, approved and	properly s	used	6 15	6
	IN OU		(N/O)	Food received at p	m approved source	$\rightarrow$		6	-	+	$\overline{}$			_		
	IN) OU		(0)		lition, safe, and unadul	Iterated	-	6	25	(B)	OUT	Toxic substances properly ide	ntitied, sto	ored,		6
	IN OU	_	1	The state of the s	available: shellstock ta		$\rightarrow$	_		nh h	Co	nformance with Approved	Proced	Uras	_	
12	IN OU	0	NO	parasite destruction				6	26	Tier	OUT (VA)	Compliance with variance, spe		T		Ta
40	-			- Company of the Comp	m Contamination				20	lini	001	process, and HACCP plan				6
	IN OU	_	_	Food separated a				( <u>6</u> )	8	R	Risk factors a	re improper practices or procedu	ires ident	fied as	the mos	st
_	_				ces: cleaned & sanitized freturned, previously			(6)				buting factors of foodborne illne				
15	M ON	13%	2.12.00		ned, and unsafe food			6				re control measures to prevent f	emodboo	iliness	or injury	/-
						GOO	D RE	TAIL	.PR	AC	TICES			11-5-12		
	100				ces are preventative m	easures 1	o control	the intro	oduction	of pa	athogens, che	micals, and physical objects into				
Mark "X" in box: If numbered item is not in compliance and/or if COS and Compliance Status					OS R	COS	COS =Corrected on-site during inspection R =Repeat violation PTS =Dr PTS   Compliance Status									
Safe Food and Water				- Ic	USI K	IFIO	Proper Use of Utensils				P	JUS 1	R PTS			
27		Paste	urized (	eggs used where re				11	40	Т	In-use uten	sils; properly stored	11.0			11
28		Water	and le	e from approved so	NIPPO	$\neg$		2	41	+		quipment and linens: properly st	ored, drie	d,		$\neg$
	$\Box$			10000100							handled					1
29	$\Box$	Variar	ice obti		d processing methods			11	42	-		single-service articles: property	stored, us	ed		
		Prone	r coolin	Marie Annual	rature Control dequate equipment for	- 1		$\overline{}$	43	_	Gloves use		Mandina			1_1_
30		1 1 1 1 1 1 1	rature	-	acquate oquipment to					X		Utensils, Equipment and confood-contact surfaces cleana				10
31		Plant	ood pr	operly cooked for h	ot holding			1	44	×	10 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	constructed, and used	oio, prope	""	8,	0
32		Appro	ved tha	wing methods use	d			1	45	X	407	ng facilities: installed, maintaine	d, used; t	est		0
33_	><	Them	omete	provided and acci	ırate	-	+	0	46	۳	Nonfooder	entact surfaces clean			$\rightarrow$	1
		222			ntification			14	70		promoco-cc	Physical Facilities	No.			
34	> 4	Food		/ labeled; original c				TO	47	T	Hot & cold	water available, adequate press		T	$\top$	2
					od Contamination				48		Plumbing in	stalled; proper backflow device:	3		131	2
35	$\simeq$			nts, and animals no				(2)	49		Sewage an	d wastewater properly disposed				2
36 Contamination prevented during food peparation, storage &						0	50		Toilet facilit	ies: properly constructed, suppli	ed, & clea	ned		2		
display  Personal cleanliness						d	1	51	5	Garbace/re	fuse properly disposed; facilities	maintain	ed	<del>_</del>	12	
38 Wiping cloths: properly used and stored						0	52	K		cilities installed, maintained, and			7	1		
39 Washing fruits and vegetables						1	53			entilation and lighting; designate		se	_	1		
I have read and understand the above violation(s),					4						Documents and Placa		-			
I am aware of the corrective measures that shall be taken. Person in Charge (Print and Sign)							54			rmit, Health Certificates valid an	d posted			2		
				511	LIKO 1	and ()			5	,	0 0	ate: 01/23/18_				
DEH	nspect	or (Pri	nt and	Sign) LEILAN	1/4 (1 4 4 4 )	7).	/		The	-			NO	Follo	1 gu-wo	ake
				UEILAN	NINAKO	an					Fo	ollow-up (Circle one): YES	NO	0.	2/02	118
Rev: 08.27.16 White: DPHSS/DEH Yellow:						ow: Food	f Esta	blishment				2 -6				

# Department of Public Health and Social Services Division of Environmental Health **Food Establishment Inspection Report** Page 2 of 5 LOCATION (Address) ESTABLISHMENT NAME #144 FUTITA ROAD, TUMON MENKUI PERMIT HOLDER BUDDY CORPORATION INSPECTION DATE SANITARY PERMIT NO. 01, 23, 2018 170001587 **TEMPERATURE OBSERVATIONS** Temperature (° F) Item/Location Item/Location Temperature (° F) STEAMED RICE / COUNTER 74.5 COOKED CHASU / COUNTER 102.0 RAW CHOPPED PORK / CHILLER COOKED CHASU / CHILLER 38.0 CORRECT **OBSERVATIONS AND CORRECTIVE ACTIONS** ITEM NO. BY DATE Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code. A REGULTR INSPECTION WAS CONDUCTED TODAY IN RESPONSE TO COMPLAINT NO. 1K-037B REGARDING PRESENCE OF COCKROTACH NYMPH IN A MEAL. EVIDENCE TO SUPPORT THE COMPLAINT WAS NOT OBSERVED DURING THIS INSPECTION. TITE FOLLOWING VIOLATIONS WERE OBSERVED: AN EMPLOYEE WAS FOUND CUTTING SCALLIDAS, INTERVOED TO BE USED AS TOPPING IN RAMEN, WITH HIS BARE HANDS. BARE-HAND CONTACT WITH READY-TO-EAT FOOD STIALL BE PRO-HIBITED TO PREVENT CONTAMINATION. NO SIGNAGE PROVIDED FOR ALL HANDWASHING SINKS. A CLEARLY VISIBLE NEW OR POSTER SHALL BE PROVIDED FOR ALL HANDWASHING SINKS TO NOTIFY AND ENCOURAGE EMPLOYEES TO WAISH THEIR HYNDS. COS: SIGN WAT'S PROVIDED. WATER MIXTURE FOR RAMEN KEPT UNCOVERED IN PITCHERS NEXT TO THE HANDWANHING SINK. NAW CHICKEN BEING STORED TOGETHER WITH DIRECTLY ON TOP OF WONTON WRAPPERS IN THE DEEP FREEZER ON THE SECOND PLOOP FOTO SHALL BE COYERED AND STORED ACCORDING TO THETR COOKING TEMPERATURES IN CHILL UNITS TO PREVENT CONTAMINATION. Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections. Person in Charge (Print and Sign) DEH Inspector (Print and Sign) LEILANI NAVARRO

Rev: 08.27.15

## Department of Public Health and Social Services **Division of Environmental Health Food Establishment Inspection Report** Page 3 of 5 ESTABLISHMENT NAME LOCATION (Address) MENKUI #144 FUJITA ROAD, TUMON INSPECTION DATE SANITARY PERMIT NO. PERMIT HOLDER 01 , 23 , 2018 BUDDY CORPORATION 170001587 ITEM NO. **OBSERVATIONS AND CORRECTIVE ACTIONS** CORRECT BY DATE Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code. EMPLOYEE SAID THAT SHE CLEANS WENSILS AND EDUIPMENT WITH SMAP WATER, AND BLEACH, AND THEN RINGES THEM WITH WATER TWO BLEACH BEFORE PUTTING THEM ON THE STORAGE RACK. FOOD CONTACT SURFACES SHAW BE PROPERLY CLEANED, RINGED AND JANITIZED USING THE CORRECT METHOD TO ELIMINATE GERMS. POTENTIALLY HAZARDOW FURD (PHF) /TIME-TEMPERATURE CONTROL FOR COS SAFETY (TCS) FORD SUCH ITS STEAMED RICE AND COOKED CHASY DID NO MEET WIEXNAL TEMPERATURE REDUIREMENT FOR THOT HOLDING CORRECTIVE ACTION: SAID FORM WERE DISCARDED. PHF/ICS POTO SHALL BE KEPT AT INTERNAL TEMPERAPURE OF 140°F OR ABOVE FOR HOT HOLOING TO LIMIT PATHOGEN/TOXIN GROWTH. EVERAL PHIETICS FORD IN THE KITCHEN UPRIGHT CHILLER, SUCH MS 21 02/02/11 COOKED FORK CHASU AND PEANUT SAUCE/MIXTURE, PROPARED SEVERAL NOT HAVE DATE MARKING. PHF/TCS FOOD KEPT IN REFRIGERATION FOR MORE THAN 24 TOURS SHAW BE DATE-MARKED TO FACILITATE TIMELY DISPOSITION. 33 FORD THERMOMETER NOT PROVIDED /USED. FORD THERMOMETER SHAW BE USED TO FACILITATE MONTORIND OF INTERNAL TEMPERATURE OF FOOD. SEVERAL POOD TIEMS IN THE CHLUER WERE NOT IN ORIGINAL CONTAINER OSTON 34 AND WERE NOT PROPERLY LABELED. FORD NOT IN ORIGINAL CONTAINER SHAW BE PROPERLY I ABELED TO ENLURE CORRECT IDENTIFICATION. 30 FOUR DRY WCKROACH EGG CASINGS WERE FOUND BEHIND AMPLITIERS /CD ON/07/ PLAYERS UNDER THE STAIRS. SOME OWER OPENINGS FOUND AROUND PIPES Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections. Person in Charge (Print and Siga) DEH Inspector (Print and Sign) LEILANI NAVARRO

# Department of Public Heaith and Social Services **Division of Environmental Health Food Establishment Inspection Report** Page 4 of 5 LOCATION (Address) # 144 FUJITA RIAD, TUMON ESTABLISHMENT NAME MENKUI INSPECTION DATE SANITARY PERMIT NO. PERMIT HOLDER 01,23,2018 BUDDY CORPORATION 170001587 ITEM NO. **OBSERVATIONS AND CORRECTIVE ACTIONS** CORRECT BY DATE Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code. UNDER THE HANDWASHING SINK IN THE KITCHEN. NO LIVE ROACH ACTIVITY WAS FOUND AT THIS TIME. OWER OFENINGS SHAW NOT BE PRESENT TO PREVENT ENTRY OF PESTS. BOXES OF FOOD BEING STONED DIRECTLY ON THE SECOND PLOOR. 36 FOOD SHAW BE STURED AT LEAST JIX INCHES OFF THE GROUND TO PREVENT HARBORAGE B- PESTS. AN EMPLOYEE WAS FOUND WORKING IN THE KITCHEN WITHOUT HAIR RETRANT. COX 37 CORRECTIVE ACTION: EMPLOYEE WORE AN APPROPRIATE MAIR RESTRAINT. HAIR RESTRAINTS SHALL BE WORN TO PREVENT PHYSTOR CONTAMINATION. NUMEROUS WIFING CLOTHS WERE IMPROPERLY STORED DIFECTLY ON COUNTERS OF 38 IN THE KITCHEN. WIPING CLITTED STALL BE STORED IN PROPERLY DILLITED SANTIZING SOLUTION IN BETWEEN USE TO PROVENT CROSS-CONTAMINATION. RUST AND DARK DIS COLORADONS FOUND ON STIFTLED OF CHILL UNITS. NOW- FORM CONTACT SURPACES SHALL BE CLEANABLE THENSUR PROPER CLEANING AND MAINTENANCE. 45 NO PEST STRIPS PROVIDED FOR THE WAREWASHING SINK. TEST STRIPS SHALL BE USED TO FARE ENSURE PROPER DILUTION OF STAUTIZING SOLUTION. TRASH BINS IN THE KITCHEN DID NOT HAVE LIDS. COS: LIDS WERE PLACED. GARBAGE SHALL BE STORED IN RECEPTACLES WITH TIGHT-PITTING COVERS TO PREVENT ATTRACTANT TO PESTS. Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Fallure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections. Person in Charge (Print and Sign) DEH Inspector (Print and Sign) LETLANI NINARRU

Rev: 08.27.15

# Department of Public Health and Social Services Division of Environmental Health

	-		Food Establish	hment Inspection Report Page <u>4</u>	of 5						
ESTABLISH	MENT NAME	enkul		LOCATION (Address) # 144 FUTTA ROAD, TUMON							
	PECTION DATE		ITARY PERMIT NO.	BUDDY CORPORATION							
ITEM NO.			OBSERVATIONS A	AND CORRECTIVE ACTIONS	CORRECT BY DATE						
Violation	s cited in this r	eport n		n the time frames indicated, or as stated in Sections 8-4 the Guam Food Code.	05.11 and						
52	GREASE BUILD-UP FOUND UNDER STOVE. DUST, DAKK STAINS, AND COBOURS										
	FUND A SOME CORNERS IN THE FRONT COUNTER, BAR TREA, AND NEAR										
	THE BACK	DOTR.	PLOOR TILES MIS	SSING/CHIPPED IN SOME POXTIONS OF							
	THE KITCHE	N, FR	ONT COUNTER, A	NO DOWNSTAIRS RESTROOM. A BUNCH OF							
	USED WATER BOTTLES, BOXES, PAPERS & UNUSED EQUIPMENT FOUND CLITTERED										
	THROM GITTON	t me	FIRST OND SECU	DND PLOTOR.							
	gn	USION	L FACILITIES STA	ALL BE KEPT CLEAN TO PREVENT HARBOROW	Ę						
	OF- PESTS.										
	24-22-1-1-1-1	2 11/01	Americal harman	vo.1							
3	PICTURES OF VIOLATIONS WERE TAKEN.										
	RETRIEVED "A" PLACITED NO.										
	POSTED "C" PLACTED NO. 00276.										
	ISSUED LETTER OF WARNING AND RE-MUSECTION REDUCEST FORM.										
	DISCUSSED THIS REPORT WITH PIC, SUMIKO KUDO.										
4											
					+						
urther regulat late.	ory actions. If seekin	items liste ig to appea	d above identify violations which if the result of this inspection, a w	shall be corrected by the date specified by the Department. Failure to comply me written request for hearing must be submitted to the Director before the indicated	ay result in correction						
	rge (Print and Sign)	>		un ! Date: 0/2	3/8						
EH Inspector	(Print and Sign)	EILA	II NAMARRO &	Date: 01/23	18						

# EDDIE

### GOVERNMENT OF GUAM DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



ΑN

OR

EDDIE BAZA CALVO GOVERNOR	JAMES W. GILLA DIRECTOR
RAY TENORIO LIEUTENANT GOVERNOR	LEO G. CASIL DEPUTY DIRECTO
	Date: JANUARY 23, 2018
Name of Establishment	8
As a result of this inspection your establishment received as	
LETTER OF WARNING	33/c

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. If we do not receive a written re-inspection request from you, we will conduct a follow-up inspection after ten (10) calendar days from the official receipt of this notice to ensure that corrective measures have been taken.

(Demerit/Grade Points)

Failure to correct violations may result in the closure of your establishment pursuant to section 21109(b) of 10GCA, Chapter 21.

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. Unlike an establishment who has received a letter of warning, an establishment shall remain closed unless a written request for re-inspection is made. Under 10 GCA Ch. 21 §21109(b), suspension without prior hearing may be imposed until the violation is corrected. You may also request a hearing to the Division of Environmental Health within five (5) calendar days of the date of this notice. When a hearing is requested following a suspension without prior hearing, it shall be discretionary with the Director as to whether the suspension shall be continued pending the hearing.

We look forward to working closely with you as partners in promoting health and sanitary practices on Guam. If you need further assistance, you can reach us at 735-7221 or (fax) 734-5556. Si Yu'us Ma'ase.

Issued By: L. Nightaku

Received By: SUMIKO